

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name; and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROMOTIONAL CALENDAR AND METHOD

The specification of which

☒ is attached hereto

☐ was filed on _____, as Application Serial No. _____.

☐ and was amended on or through _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

<u>60/142,754</u>	<u>July 8, 1999</u>
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty of disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of the application.

<u>NONE</u>		
(application serial no.)	(filing date)	(status)

And I hereby appoint John R. Benefiel, Patent Office Registration No. 24,889, as my attorney, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith. Send all correspondence to: John R. Benefiel, 280 Daines Street, Suite 100 B, Birmingham, Michigan 48009, Telephone No. (248) 644-1455.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are

punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole (or first inventor) Paul C. Zimmer

Inventor's signature _____

Date _____ Citizenship USA

Residence Grosse Pointe Woods, Michigan

Address 1295 Sunningdale, Grosse Pointe Woods, Michigan 48236

Applicants or Patentees: Paul J. Zimmer
Serial or Patent No.: --
Filed On: Herewith
Docket: ZMM-101
For: PROMOTIONAL CALENDAR AND METHOD

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
37 CFR 1.9 (f) and 1.27 (c) - SMALL BUSINESS CONCERN**

I hereby declare that I am:

☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

Name of concern Allied Printing Company, Inc.
Address of concern 22438 Woodward Ave., Ferndale, Michigan 48220-9974

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled:

PROMOTIONAL CALENDAR AND METHOD

described in

☒ the specification filed herewith
☐ application serial no. _____, filed on _____
☐ patent number _____, issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or a non profit organization under 37 CFR 1.9(e).

NAME NONE
ADDRESS _____

☐ individual ☐ small business concern ☐ non profit organization

I acknowledge the duty to file, in application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Paul C. Zimmer
TITLE OF PERSON OTHER THAN OWNER President
ADDRESS OF PERSON SIGNING 22438 Woodward Ave.
Ferndale, Michigan 48220-9974

SIGNATURE _____

DATE _____